

**KEYES UNION SCHOOL DISTRICT  
PAYROLL CHANGE FORM**

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
DATE

I authorize the payroll department to make the following changes to my payroll.

**PLEASE NOTE: *This form must be received no later than the 5<sup>th</sup> of the month in order to be processed in the same pay period. Forms received after the 5<sup>th</sup> of the month will not have an effective date until the following month.***

Start a new payroll deduction of \$ \_\_\_\_\_ to \_\_\_\_\_.  
Effective date of deduction: \_\_\_\_\_.

Stop current payroll deduction of \$ \_\_\_\_\_ to \_\_\_\_\_.  
Effective date of deduction to be stopped \_\_\_\_\_.

Change the amount of my payroll deduction to \_\_\_\_\_ from  
\$ \_\_\_\_\_ to \$ \_\_\_\_\_.  
Effective date of change \_\_\_\_\_.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**District office use only**

Received: \_\_\_\_\_ Changed in payroll: \_\_\_\_\_ Changed By: \_\_\_\_\_

Comments: \_\_\_\_\_